

## ASSESSMENT OF NURSE ATTITUDES ON PSYCHIATRIC PATIENT COMPLIANCE WITH PHARMACOTHERAPY

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**SUMMARY** – The aim of the study was to assess the opinion of nurses employed at a psychiatry department about compliance with pharmacotherapy in patients they provide care for on a daily basis, i.e. assessment of the nurse's role in patient compliance with prescribed medication and how much the nurse can contribute to better patient compliance with pharmacotherapy. Thirty-nine nurses, i.e. 2/3 of nurses employed at University Department of Psychiatry, Sestre milosrdnice University Hospital, participated in the study. Data were collected through a structured survey/questionnaire for nurses, which is used to assess the nurses' opinion of patient compliance with pharmacotherapy. Study results confirmed the belief that nurses recognize the importance of patient compliance in daily work and are aware that this compliance depends on the patient himself, his diagnosis, the medicine he receives, his family and medical professionals involved in his medical care.

**Key words:** *Patient compliance; Pharmaceutical preparations – administration and dosage; Drug monitoring; Nurses-patient relations*

### Introduction

Pharmacotherapy prescribing and the way of taking medication is one of the most important tasks of medical science. At hospital departments, proper medication depends on the knowledge and skills of the nurse. The function and role of medication and of the nurse in this process are not restricted solely to pain control and symptom relief anymore, but it increasingly includes improvement of the patient quality of life and satisfaction<sup>1</sup>. On the other hand, modern pharmacotherapy suffers from major drawbacks, i.e. side effects. It is of utmost importance to educate medical workers and patients on the nonexistence of absolute drug non-toxicity. It may occasionally be preferable to be a therapy nihilist than to do harm to the patient by prescribing him too much of medicines out of best intention, which may then hurt him<sup>2</sup>.

An unavoidable risk that goes with the use of drugs is only justifiable if the medicine is 100% indicated for the diagnosis. Compliance with the drug prescription instructions is one of the *sine qua non* conditions for pharmacotherapy success. It is a duty of the physician to design such a medication regime that is most likely to be followed by the patient, thereby taking in consideration the patient's attitude to treatment (pharmacophilia, pharmacophobia) and taking a strictly individualized approach to each patient<sup>3</sup>.

Current studies have shown that 50% of patients do not take their medicines as they have been advised to. The most frequently cited reasons for this are side effects, complicated way of taking medicine, discomfort, low motivation, inadequate information, inadequate confidence in the physician and medical staff, and inappropriate family support.

As for monitoring of taking medicines (when it comes to pharmacotherapy), nurses are led by the following rules: correct patient, correct medicine, correct dose, correct time, and correct way of medication. This rule is valid for all medicines and all nurses regardless of the type of patient illness. At psychiatric departments, there

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are certain specificities with regard to the use of medicines, and they are most often related to the diagnosis of a particular psychiatric patient.

The correct/appropriate use of the medicine prescribed is one of the nurse's duties and as such it is included in the process of nurse's care for the patient. Besides the mentioned rule on the use of medicine, it is necessary to know the specificities of drug use at psychiatric departments. In this setting, daily assessment of patient compliance and psycho status, vital function monitoring, recording potential side effects or signs of overdose, periodic follow up of relevant laboratory findings, collecting data on appetite and excretion, follow up of body weight, sleep, and discrete but thorough follow up of compliance with pharmacotherapy are of great importance<sup>4-7</sup>.

Pharmacotherapy outcome greatly depends on the nurse-patient relationship, and this particularly refers to giving medicines to psychiatric patients. This relationship depends on the patient characteristics (passive-dependent persons, proneness to manipulation, compliance), symptoms and signs of his illness (being uncritical, paranoid, depression, idea of greatness, proneness to suicide and others), and characteristics and attitudes of the nurse toward psychiatric patients. The nurse that builds her relationship with the patient upon empathy, confidence, cooperation, professionalism, individual approach, ethical principles and respect for human rights; that has a positive view on the existence and finds time to talk and listen to patients, will be more successful in giving the medicines prescribed because patients will be more cooperative and will accept medication with more confidence and less resistance<sup>8-11</sup>.

Compliance is a term that refers to the patient's following the guidelines and recommendations given by the physician and nurse related to taking a drug. Patient compliance can be complete, partial, temporary, absent, or the patient is over-compliant, i.e. taking more drug than prescribed. The aim of the study was to assess the opinions of the nurses employed at a psychiatric department about compliance with psychopharmacotherapy in patients they provide care for on a daily basis; and to assess the role of nurse in patient compliance with medication and how much the nurse can contribute to better patient compliance.

## Subjects and Methods

Thirty nine nurses, i.e. 2/3 of all nurses working at University Department of Psychiatry, Sestre milosrdnice

University Hospital, took part in the study. The mean age of study nurses was 38.2 (range 19-58) years; the mean work experience was 18.1 years (range 2 months to 32 years), with a mean of 15.6 years of work at psychiatric departments. Twenty two of 39 nurses had previously been employed at other departments, with the longest work experience of 25 years at department of gynecology. Twenty nine nurses had high school education and 10 (25.6%) had university degree.

Data were collected through a structured survey/questionnaire, which is used to assess the nurses' opinion of patient compliance with pharmacotherapy. The questionnaire consisted of 13 questions/claims to be answered by the Likert type scale (false, mainly false, mainly true, or true). The questionnaire was distributed to the nurses at their workplace and they filled it out anonymously. Then they returned the filled out questionnaire to the study investigator.

The methods of descriptive statistics were used on data processing, i.e. percentage calculation determining the number and percentage of nurses that provided particular answers to particular questions in the questionnaire.

## Results

Study results are shown in Table 1. The statement that "patient doesn't believe he has a mental disorder" was considered true by 11 (28.2%), mainly true by 17 (43.6%) and mainly false by 11 (28.2%) nurses, whereas none of the nurses marked it as being false. The statement that "patient thinks that he currently doesn't need medicines" was considered false by 1 (2.6%), mainly false by 9 (23.1%), mainly true by 21 (53.8%) and true by 8 (20.5%) nurses.

The statement that "patient thinks that psychopharmaceuticals will do him good" was considered mainly true by 28 (71.8%), true by 4 (10.3%) and mainly false by 7 (17.9%) nurses, while none of the nurses judged it as being false.

The statement that "a person that is important to the patient (family, friends) is against his taking medicines" was considered true by 3 (7.7%), mainly true by 7 (33.3%), false by 7 (17.9%) and false by 16 (41%) nurses.

The statement that "the patient doesn't tolerate medicine side effects" was considered true by 4 (10.3%), mainly true by 16 (41%), mainly false by 14 (35.9%) and false by 5 (12.8%) nurses.

Table 1. Nurses' answers about patient compliance to psychopharmacotherapy

	False <i>N</i> (%)	Mainly false <i>n</i> (%)	Mainly true <i>n</i> (%)	True <i>n</i> (%)
Patient doesn't believe he has a mental disorder	0 (0)	11 (28.2)	17 (43.6)	11 (28.2)
Patient thinks that he currently doesn't need any medicines	1 (2.6)	9 (23.1)	21 (53.8)	8 (20.5)
Patient thinks that psychopharmaceuticals will do him good	0 (0)	7 (17.9)	28 (71.8)	4 (10.3)
A person that is important to the patient is against his taking medicines	7 (17.9)	16 (41.0)	7 (33.3)	3 (7.7)
Patient doesn't tolerate side effects of the medicines	5 (12.8)	14 (35.9)	16 (41.0)	4 (10.3)
Patient would rather be taking some other medicines, drugs or alcohol	0 (0)	10 (25.6)	21 (53.8)	8 (20.5)
Patient hasn't a good relationship with his physician	1 (2.6)	28 (71.8)	8 (20.5)	2 (5.1)
Patient doesn't have a good relationship with other members of the medical team of the psychiatric department	6 (15.4)	28 (71.8)	4 (10.3)	1 (2.6)
It is hard for the patient to get prescription or medicine	7 (17.9)	14 (35.9)	15 (38.5)	3 (7.7)
Patient feels discomfort (shame/disgrace) because of taking medication	5 (12.8)	12 (30.8)	17 (43.6)	5 (12.8)
Patient hasn't enough money to pay for the medicine	3 (7.7)	8 (20.5)	24 (61.5)	4 (10.3)
Patient wishes to be hospitalized again	2 (5.1)	20 (51.3)	12 (30.8)	5 (12.8)
Members of the medical team are against the patient's taking medicines	0 (0.0)	20 (51.3)	15 (38.5)	4 (10.3)

The statement that "patient would rather be taking some other medicines, drugs or alcohol" was considered true by 8 (20.5%), mainly true by 21 (53.8%) and mainly false by 10 (25.6%) nurses, while none of the nurses considered it false.

The statement that "patient hasn't a good relationship with his physician" was considered true by only one (2.6%) nurse, while 28 (71.8%) nurses considered it as being mainly false, 8 (20.5%) nurses as mainly true and 2 (5.1%) nurses as true.

The statement that "patient doesn't have a good relationship with other members of the medical team of the psychiatric department (nurse, psychologist, social worker, special educator)" was considered true by one (2.6%) nurse, mainly true by 4 (10.3%) nurses, mainly false by 28 (71.8%) nurses and false by 6 (15.4%) nurses.

The statement that "it is hard for the patient to get a prescription or a medicine (approval)" was considered false by 7 (17.9%), mainly false by 14 (35.9%), true by 3 (7.7%) and mainly true by 15 (38.5%) nurses.

The statement that "patient feels discomfort (shame/disgrace) because of taking medication" was considered mainly true by 17 (43.6%), true by 5 (12.8%), mainly false by 12 (30.8%) and false by 5 (12.8%) nurses.

The statement that "patient hasn't enough money to pay for the medicine" was considered mainly true by 24 (61.5%), true by 5 (10.3%), mainly false by 8 (20.5%) and false by 3 (7.7%) nurses.

The statement that "patient wishes to be hospitalized again" was considered mainly false by 20 (51.3%), false by 2 (5.1%), mainly true by 12 (30.8%) and true by 5 (12.8%) nurses.

The statement that "members of the medical team are against the patient's taking medicines" was considered mainly false by 20 (51.3%), true by 4 (10.3%) and mainly true by 15 (38.5%) nurses, whereas none of the study nurses judged it as being false.

## Discussion

Compliance is a term describing the patient's following the guidelines and recommendations obtained from the nurse or physician on taking medicines. It is one of the basic requirements for successful treatment, and it can be complete, partial, temporary or non-existent, or the patient may be over-compliant, i.e. taking more medicine than prescribed. It is estimated that 50% of patients do not take medicine as it is intended and recommended<sup>1-5</sup>.

In the present study, we investigated nurses' opinions about the reasons for inadequate compliance of psychiatric patients with their pharmacotherapy. In the questionnaire distributed to the nurses, several reasons were offered in the form of statements divided into groups related to patient and his disease, medication (kind, efficacy, side effects and availability) and patient relationship with a person of importance to him (family, friends), physician, nurse, and other medical team members<sup>6,7</sup>.

In the first group of reasons for inadequate compliance, statements 1, 2, 10 and 12 served to estimate the extent to which patient compliance depends on the patient himself and his diagnosis. The nurses considered the patient's lack of criticism and inadequate insight to be the reasons for not taking medicines in a timely fashion (he thinks that he does not suffer from a mental disorder, thus he does not need medicines).

The opinions varied about the extent to which the discomfort (shame, disgrace) due to the patient's taking psychopharmaceuticals and his wish for re-hospitalization contribute to taking medicine in an untimely fashion.

The second group of reasons for inadequate compliance included statements 3, 5, 6, 9 and 11, dealing with the extent to which the medicine, its kind (psychopharmaceuticals, antipsychotics, antidepressants, mood stabilizers, anxiolytics, hypnotics), efficacy, side effects and availability (prescription, approval, price, participation in price) influences compliance of the psychiatric patient. Nurses considered that non-compliance, i.e. taking medicines in an untimely fashion, was influenced by the kind of medicine (patient does not believe that psychopharmaceuticals will do him good) and would rather be taking some other medicines, drugs/narcotics or alcohol; furthermore, if the patient has to pay or participate in the price of psychopharmaceuticals, it would decrease his compliance. Nurses were divided in their opinion whether the occurrence of side effects and availability of medicine had an unfavorable effect on the patient compliance.

The third group consisted of statements 4, 7, 8 and 13, dealing with the patient's relationship with persons that are important to him (family, friends), and with the physician, nurses, and other medical team members, viewed as a culprit for inadequate compliance. Establishment of an appropriate relationship between the patient and physician, nurses and other medical team

members greatly contributes to timely taking medicines/psychopharmaceuticals. The opinions on the extent to which the persons that are important to the patient influence his compliance were divided.

This survey investigated the opinions of the nurses working at the psychiatric department and confirmed that they recognize the importance of patient compliance in their daily routine. Patient compliance was found to depend on the patient, his diagnosis, medicines prescribed, family and medical workers involved in patient treatment. The data collected revealed the nurses' opinions on these issues, referring to their daily work with psychiatric patients. How the compliance is estimated by the patients themselves, whether the same results would be achieved with nurses working at other departments, how nurses improve their work and how it can contribute to better patient compliance, remains to be assessed and answered in additional studies.

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## Sažetak

## ISPITIVANJE MIŠLJENJA MEDICINSKIH SESTARA O SURADLJIVOSTI PSIHIJATRIJSKIH BOLESNIKA U PSIHOFARMAKOTERAPIJI

A. Gajski i D. Karlović

Cilj istraživanja bio je ispitati mišljenje medicinskih sestara zaposlenih na odjelima Klinike za psihijatriju o procjeni suradljivosti u psihofarmakoterapiji kod bolesnika o kojima svakodnevno skrbe, dakle, procjena sestrinske uloge u primjeni psihofarmakološke terapije te koliko medicinska sestra može pridonijeti boljoj suradljivosti u psihofarmakoterapiji pacijenata. U istraživanju je sudjelovalo 39 medicinskih sestara s Klinike za psihijatriju Kliničke bolnice "Sestre milosrdnice", što čini dvije trećine sestara zaposlenih na Klinici. Podaci za istraživanje prikupljeni su pomoću strukturiranog upitnika za medicinske sestre koji se rabi u procjeni mišljenja medicinskih sestara o suradljivosti u psihofarmakoterapiji. Ovo istraživanje potvrdilo je kako u svakodnevnom radu medicinske sestre prepoznaju važnost suradljivosti bolesnika te kako ona ovisi o samom bolesniku, njegovoj bolesti, lijeku koji se daje te o obitelji i zdravstvenim djelatnicima koji sudjeluju u liječenju bolesnika.

Ključne riječi: *Suradljivost bolesnika; Farmaceutski pripravci – davanje i doziranje; Praćenje terapije; Odnos medicinska sestra-bolesnik*

